Indiana State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 004168 | A. BUILDING _____ B. WING _____ | R-C 11/21/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WATERFORD CROSSING APARTMENTS | 1212 WATERFORD CIR GOSHEN, IN 46526 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| {R 000} | INITIAL COMMENTS<br><br>This visit was for a Post Survey Revisit (PSR) to the PSR completed on 9/11/12 to the State Residential Licensure Survey completed on 7/18/12 and the PSR to PSR to the Investigation of Complaint IN00111073<br><br>Complaint IN00111073-Corrected<br><br>Survey Date: November 21, 2012<br><br>Facility number: 004168<br>Provider number: 004168<br>AIM number: N/A<br><br>Survey team:<br>Angela Strass, RN<br><br>Census bed type:<br>Residential: 39<br>Total: 39<br><br>Census payor type:<br>Other: 39<br>Total: 39<br><br>Sample: 3<br><br>Waterford Crossing Apartments was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the PSR to the State Residential Licensure Survey which included the PSR to the PSR to the Investigation of Complaint IN00111073.<br><br>Quality review completed on November 21, 2012 by Bev Faulkner, RN | {R 000} | | |